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## BIB DATA SHEET

CONFIRMATION NO. 8386

<b>SERIAL NUMBER</b> 10/059,929	<b>FILING or 371(c) DATE</b> 01/29/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> EIP-5807 (1417G P 678)		
<b>APPLICANTS</b> Tuan Bui, Green Oaks, IL; James Martucci, Libertyville, IL; Dan Mihai, Hanover Park, IL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/09/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 191	<b>INDEPENDENT CLAIMS</b> 20
Verified and /DILEK B COBANOGU/	Examiner's Signature	Initials				
<b>ADDRESS</b> BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES						
<b>TITLE</b> System and method for operating medical devices						
<b>FILING FEE RECEIVED</b> 5376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			